

# SUB-CONTRACTOR FORM

For Projects with an Existing Permit Number



41 Perimeter Center East, Suite 250, Dunwoody, GA  
30346 (678) 382-6800

**DO NOT SUBMIT THIS FORM WITHOUT PAYMENT AND COPIES OF  
TRADE, BUSINESS, AND DRIVER'S LICENSES!**

Payments are only accepted In-Person or by Mail.

We Accept: **VISA, MasterCard, Check & Cash** \* Fees submitted by mail **must** be paid by check

## Sub-Contractor Fee Schedule:

\* **Electrical,  
Mechanical &  
Plumbing**

Fees are based on the overall area (Sq Ft) of a project. BASIC ESTIMATION FOR INTERIOR FINISHES ONLY: \$25 + (6¢/Sq Ft for Commercial) or (4.5¢/Sq Ft Residential). Please call ahead for exact amount.

\* **Low Voltage**

**\$75** Flat Fee each (excluding Fire Alarm/Sprinkler/Suppression which require plan review)

Building Permit #: \_\_\_\_\_ Project Name: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Does this involve a change of (electrical) service? ☐ Yes ☐ No *If yes, please fill out power waiver release.*

**Licensure Type:** (Check all that apply)

☐ Conditioned Air – Restricted

☐ Electrical Contractor – Restricted

☐ Conditioned Air – Non-Restricted

☐ Electrical Contractor – Non-Restricted

☐ Master Plumber – Restricted

☐ Low Voltage – General

☐ Master Plumber – Non-Restricted

☐ Low Voltage – Telecommunications

☐ Journeyman Plumber

☐ Low Voltage – Unrestricted

☐ Sprinkler Contractor

☐ Fire Alarm or Fire Suppression

☐ Other: \_\_\_\_\_

☐ **EXEMPTED** from licensure requirements per O.C.G.A. § 43-41-17

(For a list of exempted trades, visit: [http://sos.georgia.gov/plb/contractors/Specialty\\_contractors.htm](http://sos.georgia.gov/plb/contractors/Specialty_contractors.htm))

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

State License(s) #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Business License #: \_\_\_\_\_ County/City: \_\_\_\_\_ Expiration: \_\_\_\_\_

By signing below, I am certifying that I am responsible for the work being done at the address above. I understand that I will be held responsible until the Community Development Department is notified of any change.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Building Inspection Requests, please call (678) 382-6804 before 4PM for next-business-day service.